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UNITED NATIONS POPULATION FUND

Draft country programme document for Afghanistan

Proposed indicative UNFPA assistance:	$84 million: $32 million from regular resources and $50 million through co-financing modalities and/or other resources
Programme period:	Five years (2015-2019)
Cycle of assistance:	Fourth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	14.1	10.0	24.1
Outcome 2	Adolescents and youth	7.4	8.0	15.4
Outcome 3	Gender equality and women's empowerment	4.8	10.0	14.8
Outcome 4	Population dynamics	4.5	22.0	26.5
	Programme coordination and assistance	1.2	-	1.2
	Total	32.0	50.0	82.0

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I. Situation analysis

1. In 2012, Afghanistan ranked 175 out of 186 countries on the human development index, according to the *Human Development Report 2013*. While 36 per cent of the population is reported to live below the poverty line, levels as high as 72 per cent in some provinces point to significant disparities. In 2012, the World Bank reported gross national income per capita at $680. Extreme dependence on external aid and economic distortions stemming from the security response to counter-insurgency and the illicit opium trade have undermined the resilience of the Afghan people. Furthermore, a drop in donor funding, the withdrawal of international military forces, 2014 elections and the expanding opium production have created growing uncertainty about the economic and political future.

2. In 2012, 72 per cent of the country's population of 27 million lived in rural areas. Annual population growth estimates ranged from 2.2 to 2.6 per cent and the total fertility rate was 5.1 children per woman.

3. Afghanistan has one of the world's youngest populations, with more than 63 per cent below the age of 25 and 46 per cent below the age of 15. Only 62 per cent of young men and 32 per cent of young women aged 15 to 24 were reported to be literate in 2012. With approximately 53 per cent of all women aged 25 to 49 married by the age of 18, and 21 per cent married by the age of 15, early marriage contributes to high teenage fertility.

4. The maternal mortality ratio was reported to have decreased from 1,600 per 100,000 live births in 2000 to 327 in 2010. It is still however among the highest in the world, with significant disparities within and between provinces. Deliveries by skilled birth attendants increased from 15 per cent in 2003 to 40 per cent in 2012, with a five-fold increase in rural areas. Modern contraceptive use increased from 5.1 per cent in 2003 to 22 per cent in 2011.

5. Afghanistan ranked 147 out of 148 countries in the UNDP gender inequality index in 2012. Gender inequality and discriminatory practices impact women and girls' survival and limit access to opportunities, resources, and social and political participation. Approximately 87 per cent of women reported experiencing at least one form of physical, sexual or psychological violence or forced marriage in their lifetime. Government has positioned women's empowerment in its national development framework and passed the 2009 Law on the Elimination of Violence against Women.

6. The first and last population and housing census was conducted in 1979 but was incomplete. The second 2008 census was postponed, due to security and political constraints. As an alternative, the Sociodemographic and Economic Survey (SDES) was undertaken in four provinces and data will be collected in the next 30 provinces by 2019.

7. Political instability, natural disasters, influx of refugees and internal displacement make the country prone to humanitarian crises. More than half a million people are internally displaced due to ongoing war and recurrent droughts and floods. While the country has a national disaster risk management strategy, a gender-sensitive, rights-based approach remains a challenge.

II. Past cooperation and lessons learned

8. The third UNFPA country programme, 2010-2013, which was extended to 2014, in line with the extension of the United Nations Development Assistance Framework (UNDAF), 2010-2013 contributed to overall regional reductions in maternal mortality and an increase of skilled birth attendance from 10 to 29 per cent, increased contraceptive prevalence, and increased number of health facilities with at least three contraceptive methods in four provinces.

9. The third country programme evaluation revealed the country has succeeded in: (a) developing and revising numerous health and gender policies and strategies; (b) improving access to basic obstetric care by expanding services to underserved areas in the four selected provinces (through the establishment of 82 family health houses, with functioning community midwives supported by 13 mobile support teams; training more than 2,000 health care providers; and building capacity for prevention and repair of obstetric fistula); (c) increasing the use of family planning and reproductive health services through refresher training, commodity provision and establishment of family protection centres, youth information centres and a youth health-line; (d) improving government capacity to collect, analyse and utilize population data and to undertake four provincial SDES; and (e) strengthening the capacity of parliamentarians and religious leaders to advocate for policies addressing population and elimination of gender-based violence (GBV).

10. The evaluation recommended: (a) evaluating and integrating the model of family health houses and mobile support teams, working concurrently with community midwifery education in remote areas, into the health care system for sustainability; (b) focusing more on youth, particularly girls, through youth participation, programmatic coherence, greater government coordination and improved collaboration among development partners, including other United Nations organizations; (c) fostering strong ownership of and building capacity for SDES expansion to other provinces and the use of data for evidence-based planning; (d) undertaking multisectoral GBV prevention and response interventions focused on building capacity for health professionals, the police, the judiciary and the coordination of development partners; and (e) involving religious and other influential leaders, local shura, and civil society in advocating for International Conference on Population and Development (ICPD) principles.

III. Proposed programme

11. The proposed programme, 2015-2019, builds on three previous UNFPA country programme cycles and is aligned with national priorities as reflected in the Afghanistan National Development Strategy 2008-13 and national sectoral strategies. It is also aligned with the UNFPA strategic plan, 2014-2017, grounded in human rights and gender equality principles, incorporates Islamic values, and contributes to UNDAF priorities. The programme will continue in the selected provinces to ensure thematic convergence, and will leverage partnerships and resources in order to integrate successful interventions into public sector systems, with the aim of scaling up and for the sake of sustainability.

Outcome 1: Sexual and reproductive health

12. This component contributes to the achievement of the UNDAF outcome on basic social services for most vulnerable populations, including young women, internally displaced people and people with disabilities, within a health sector coordination framework,.

13. Output 1. Increased national institutional capacity to deliver a coordinated supply of modern contraceptives and improved quality of family planning services in selected provinces. Interventions will: (a) provide technical support to develop rights-based policies and promote implementation of the national family planning programme through technical assistance, South-South exchanges and operations research; (b) strengthen national and subnational institutional capacities for the provision of quality family planning counselling and a wider choice of contraceptives, including for young women, internally displaced persons and persons with disabilities; (c) develop capacity for reproductive health commodity security, including supply chain management and the logistics management information system; (d) support evidence-based demand generation initiatives for family planning

and (e) expand access to contraceptives services through public and private sector partnerships

14. Output 2. Increased national institutional capacity to deliver comprehensive maternal health services to underserved populations. Interventions will: (a) expand access to basic and comprehensive emergency obstetric care services by advocating for their integration into the health care system, promoting pooled funding of innovative models and training health care workers, including community midwives; (b) strengthen specialist training for the treatment of obstetrics fistula, and increase the number of provinces where such services are available; (c) provide support for in-service training of health care providers in integrated reproductive health services; (d) strengthen capacities for quality midwifery education delivery and regulation, and promote the professional midwifery association; and (e) conduct research to support evidence-based planning on maternal health.

15. Output 3. Increased national capacity to provide sexual and reproductive health services in humanitarian settings. Interventions will: (a) strengthen the health care system to ensure its capacity to implement the minimum initial service package; (b) contribute to strengthened multisectoral coordination in humanitarian settings at national, regional and provincial levels; and (c) develop contingency plans that meet the sexual and reproductive health service needs of survivors of gender-based violence in crisis situations and internally displaced persons.

Outcome 2: Adolescents and youth

16. Output 1. Increased national capacity to conduct evidence-based advocacy for incorporating the rights and needs of adolescents and youth in national laws, policies and programmes, in particular healthy family life education and youth-friendly services. In partnership with United Nations organizations, interventions will: (a) develop and implement advocacy strategies that involve youth and adolescent networks to incorporate their needs into national and sub-national strategies, service delivery packages, and budgets, in partnership with the Deputy Ministry of Youth Affairs; (b) support the Ministry of Education and the Ministry of Health to design and implement community and school-based healthy family life education; (c) advocate for and build institutional capacity to design and implement comprehensive programmes to prevent child marriage and adolescent pregnancies for vulnerable groups; and (d) strengthen capacities of selected national/ subnational health facilities to provide rights-based, youth-friendly reproductive health information and services for married and unmarried girls.

Outcome 3: Gender equality and women's empowerment

17. This component contributes to the UNDAF outcome designed to ensure that the social equity of women, youth and minorities and vulnerable populations is increased.

18. Output 1. Strengthened capacity of health sector and law-enforcement bodies for prevention, response and monitoring of GBV and child marriage in targeted provinces. Interventions will: (a) support the adoption and use of protocols and monitoring tools, in line with international standards; (b) develop capacities of health and police institutions by training health service providers, law enforcement bodies, and communities to prevent and respond to GBV, and care for survivors; (c) integrate GBV response within the sexual and reproductive health services of public institutions; (d) mobilize and sensitize social structures, including those of opinion leaders, religious leaders, customary law institutions, and men and boys on the need for prevention of child marriage and GBV, and for support to gender-based violence survivors; and (e) strengthen the multisectoral, coordinated GBV response in humanitarian settings.

Outcome 4: Population dynamics

19. This component contributes to the UNDAF outcome on legitimate and inclusive governance that promotes progressive realization of human rights. Resources will be mobilised to ensure national coverage of sociodemographic and economic data.

20. Output 1. Increased availability of national and local data, disaggregated by sex and age, to formulate, implement and monitor policies and programmes. Interventions will (a) support the Central Statistics Office to plan and conduct national and provincial SDES in the remaining provinces and the Demographic Health Survey 2015-2016; (b) strengthen national and subnational capacities to collect and analyse sociodemographic data; and (c) strengthen government capacity to collect and use data in humanitarian settings.

21. Output 2. Increased capacity of government counterparts, parliamentarians and academic institutions, in data utilization and advocacy for policy development, planning, and monitoring of programmes on youth, gender equality and reproductive health. Interventions will: (a) support the use of policy-oriented research on population and demographics, poverty, sexual and reproductive health and women's, youth and girls' empowerment; (b) build national and subnational capacities of statistical offices, relevant ministries, and academic and research institutions to analyse, use and disseminate disaggregated data; (c) partner with parliamentarians and religious leaders for evidence-based advocacy; (d) strengthen information management systems on health and GBV and subnational capacity to use data in emergency preparedness and response; and (e) support existing coordination mechanisms for data availability.

IV. Programme management, monitoring and evaluation

22. UNFPA will primarily use national execution led by the Government and non-governmental organizations and will collaborate with other United Nations organizations, particularly the United Nations Children's Fund, the United Nations Entity for Gender Equality and the Empowerment of Women, and the World Health Organization.

23. The Government and UNFPA will develop and implement resource mobilization, communications, and results-based monitoring and evaluation as well as an online database and framework. The Ministry of Foreign Affairs will coordinate the overall programme. The UNFPA country office and line ministries will be responsible for the joint supervision and an independent, end-of-cycle evaluation.

24. The Government and UNFPA will use a competitive process to select implementing partners, based on relevance to the programme and capacity for high-quality implementation.

25. The UNFPA Representative and ministries will direct and oversee the programme. UNFPA will earmark programme funds for skilled staff to provide technical and programme expertise, and management and operations support.

26. In the event of an emergency, UNFPA may, in consultation with the Government, re-programme activities and adopt implementation arrangements that ensure delivery of life-saving and humanitarian interventions that respond to emerging needs and programme criticality. Risk mitigation measures will be instituted for the safety and security of UNFPA staff and offices.

RESULTS AND RESOURCES FRAMEWORK FOR AFGHANISTAN

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National priority: Improve the health and nutrition of the people of Afghanistan through quality health-care services provision and the promotion of a healthy lifestyle **UNDAF outcome**: All Afghans, especially the most marginalized and vulnerable, have equitable access to and use of quality health, nutrition, education, water, sanitation and hygiene (WASH), prevention and protection services that are appropriate and effectively address their rights and needs				
Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicators: • Percentage of skilled birth attendance Baseline: 40%; Target: 60% • Prevalence of modern contraceptive use Baseline: 22%; Target: 34%	Output 1: Increased national institutional capacity to deliver a coordinated supply of modern contraceptives and improved quality of family planning services in selected provinces	Output indicators: • Number of programme/policy guidance documents on family planning developed and disseminated Baseline: 3; Target: 6 • Number of provinces using logistics management information system for forecasting and monitoring family planning commodities Baseline: 10; Target: 30 • Number of health workers trained to provide family planning services that meet human rights standards and WHO criteria Baseline: 269; Target: 1,500	Community-based organizations; Ministry of Border and Tribal Affairs; Ministry of Education; Ministry of Haj and Religious Affairs; Ministry of Public Health and Provincial Health Directorates; non-governmental organizations; professional societies; United Nations Children's Fund (UNICEF); United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); World Health Organization (WHO)	$24.1 million ($14.1 million from regular resources and $10 million from other resources)
	Output 2: Increased national institutional capacity to deliver comprehensive maternal health services to underserved populations	Output indicators: • Number of family health houses established with functioning competent community midwives Baseline: 82; Target: 126 • Number of women who received pelvic floor disorder repair surgeries (specifically obstetric fistula) Baseline: 62 per year; Target: 150 per year • Number of midwives trained using policies and revised curriculum that meets International Confederation of Midwives WHO standards Baseline: 0; Target: 100			
	Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings	Output indicators: • Number of competent personnel delivering the minimal initial service package Baseline: 150; Target: 390 • National and provincial contingency plans developed to address sexual and reproductive health needs for women, youth and adolescents, including services for survivors of sexual violence in crises, persons with disabilities and internally displaced persons Baseline: 0; Target: 5			
National priority: A peaceful and progressive country where women and men enjoy security, equal rights and opportunities in all aspects of life **UNDAF outcome**: Social equity of women, youth and minorities and vulnerable populations is increased through government's improved and consistent application of principles of inclusion in implementing existing and creating new policies and legislation				
Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health)	Output: Increased national capacity to conduct evidence-based advocacy for incorporating the rights and needs of adolescents and youth in national laws,	Output indicators: • Existence of a functional multisectoral coordination mechanism on youth that advocates for increased investments in marginalized adolescents and youth, within development and health policies and programmes Baseline: No; Target: Yes • Number of provinces with healthy family life education programme, aligned with international standards, integrated into	Civil society; Ministry of Education; Ministry of Haj and Religious Affairs; Ministry of Public Health; Ministry of Youth	$15.4 million ($7.4 million from regular resources and $8 million from other resources)

Outcome indicator: • Number of evidence-based policies and programmes, including service delivery packages, that prioritize adolescents and youth Baseline: 1; Target: 3	policies and programmes, in particular healthy family life education and youth-friendly services	the high school curriculum Baseline: 0; Target: 4 • Number of health service delivery points which have integrated youth friendly services into the basic package of health services Baseline: 0; Target: 8	Affairs; non-governmental organizations; UNICEF; WHO; youth networks	
Outcome 3: Gender equality and women's empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth) Outcome indicator: • Proportion of women who have experienced at least one form of violence (physical, sexual or psychological violence or forced marriage) in their lifetime Baseline: 87.2%; Target: 60%	Output: Strengthened capacities of health sector, and law-enforcement bodies for the prevention, response and monitoring of gender-based violence and child marriage in targeted provinces	Output indicators: • Number of national policies, guidelines and protocols/procedures developed for the prevention of and response to gender-based violence and child marriage, including targeting vulnerable groups, including internally displaced persons and persons with disabilities Baseline: 1; Target: 3 • Number of functional family protection centres established and integrated into the basic package of health services and GBV referral pathways Baseline: 6; Target: 10 • Number of health service providers and law enforcement personnel trained to respond to gender-based violence Baseline: 280 health service providers, 1,200 law enforcement personnel; Target: 1,200 health services providers, 4,000 law enforcement personnel	Afghan Independent Human Rights Commission; Ministry of Haj and Religious Affairs; Ministry of Public Health; Ministry of Women's Affairs; Ministry of Youth Affairs; non-governmental organizations; UN-Women; UNDP; WHO	$14.8 million ($4.8 million from regular resources and $10 million from other resources)
National priority: Strengthen democratic processes and institutions, human rights, the rule of law, delivery of public services and government accountability **UNDAF outcome**: Improved legitimate, transparent and inclusive governance at all levels that promotes progressive realization of human rights				
Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) Outcome indicators: • Number of provinces with sociodemographic data analysed, published and disseminated Baseline: 4 ; Target: 27 • Number of evidence-based national policies, plans and programmes that address population dynamics Baseline: 3; Target: 6	Output 1: Increased availability of national and local data, disaggregated by sex and age, to formulate, implement and monitor policies and programmes	Output indicators: • Number of provinces that collected sociodemographic economic data Baseline: 4; Target: 34 • Number of relevant government staff with competencies in data collection, generation, analysis and dissemination Baseline: 80; Target: 400 • Number of thematic sub-analysis reports on key population and development issues produced Baseline: 0; Target: 32	Central Statistics Office; Kabul University (Economics School, Statistics Department); Ministry of Education; Ministry of Higher Education; Ministry of Economy; and Parliament	$26.5 million ($4.5 million from regular resources and $22 million from other resources) Total for programme coordination and assistance: $1.2 million from regular resources
	Output 2: Increased availability of national and local data, disaggregated by sex and age, to formulate, implement and monitor policies and programmes	Output indicators: • Number of national and sub-national development plans that used sociodemographic and economic data and information (including utilization of data for disaster preparedness) Baseline: 4; Target: 27 • Existence of functional Department of Statistics, Demography and Population Studies at Kabul University Baseline: No; Target: Yes • Number of key stakeholders from government institutions, parliament, academia, civil society and local authorities trained on population and development issues Baseline: 100; Target: 350		